



In support of the work of the Food Pantry, enclosed is my check payable to the Hunger Task Force in the amount of:

\$25 \$50 \$100 \$250 \$500 Other \$_____

You can also pay by credit card by going to our website: www.LMFoodPantry.org

Name: _____

Address: _____

Email Address: _____ Telephone: _____

(We will not share your email address)

Please contact me. I would like to volunteer.

Larchmont/Mamaroneck Hunger Task Force
P.O. Box 112, Larchmont, New York 10538

*The Larchmont-Mamaroneck Hunger Task Force is 501(c)(3) non-profit organization
and all contributions are tax deductible to the extent allowable by*